

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8/26/97

2 Serial/Patent # 08845134

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing			\$ <u>260.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 260.00

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 02--0200

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation):

ADMINISTRATIVE Charges Multiple Claim to a Singular dependent Claim

11, REFUND REQUESTED BY:

TYPED/PRINTED NAME: TRACEY JOHNSON

TITLE: L.I.B.

SIGNATURE: [Signature]

PHONE: 308 9026

OFFICE: ODPE 069

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature] DATE: 9/24/97

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: